



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 8145

|  |   |  |  |  |                           |                                |
|--|---|--|--|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/615,260   | <b>FILING or 371(c) DATE</b><br>07/08/2003<br><b>RULE</b>   | <b>CLASS</b><br>455                                      | <b>GROUP ART UNIT</b><br>2619                                | <b>ATTORNEY DOCKET NO.</b><br>15499RRUS02U |                           |                                |
| <b>APPLICANTS</b><br>Paul Boudreaux, Plano, TX;<br>Stephen Kolski, Plano, TX;<br>Stewart Maxwell, Dallas, TX;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/394,632 07/09/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>10/14/2003 |   |  |  |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/BLANCHE WONG/</u><br>Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>TX                                | <b>SHEETS DRAWINGS</b><br>7                | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>Garlick Harrison & Markison<br>P.O. Box 160727<br>Austin, TX 78716-0727<br>UNITED STATES   |   |  |  |  |                           |                                |
| <b>TITLE</b><br>Geographic redundancy for call servers in a cellular system based on a bearer-independent core network   |   |  |  |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>918  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |  |                           |                                |
|  |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |  |                           |                                |
|  |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |  |                           |                                |
|  |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |  |                           |                                |
|  |   |  | <input type="checkbox"/> Other _____                         |  |                           |                                |
|  |   |  |  | <input type="checkbox"/> Credit            |                           |                                |